

**TEXAS HEALTH AND HUMAN SERVICES  
COMMISSION  
RATE ANALYSIS DEPARTMENT**

**Proposed Medicaid Payments for the following:**

**Emergency Renal Dialysis treatment  
in an Outpatient Hospital  
G0257**

**Payment reimbursements are proposed to be effective  
January 1, 2012.**

## **SUMMARY OF PROPOSED MEDICAID REIMBURSEMENTS**

**Effective January 1, 2012**

Included in this document is information relating to the proposed Medicaid reimbursement for Emergency Renal Dialysis treatment in an Outpatient Hospital. The Health and Human Services Commission (HHSC) is responsible for the reimbursement determination for the Texas Medicaid Program.

### **Hearing**

HHSC will conduct a public hearing to receive comments regarding the proposed Medicaid payments on Wednesday November 16, 2011, at 1:30 p.m., to receive comment on proposed Medicaid payment for Emergency Renal Dialysis treatment in an Outpatient Hospital. The public hearing will be held in Lone Star Conference Room in Building H of the Braker Center, at 11209 Metric Boulevard, Austin, TX 78758-4021, with entrance through security at the front of the building facing Metric Boulevard. The hearing will be held in compliance with Human Resources Code §32.0282 and the Texas Administrative Code, Title 1 (1 TAC), §355.201(e)-(f), which require public notice of and hearings on proposed Medicaid reimbursements.

Should you have any questions regarding the information in this document, please contact:

Kevin Nolting, Director of Hospital Reimbursement  
Texas Health and Human Services Commission  
Rate Analysis for Hospital Reimbursement  
Mail Code H-400  
(512) 491-1371; FAX: (512) 491-1348  
E-mail: [Kevin.Nolting@hhsc.state.tx.us](mailto:Kevin.Nolting@hhsc.state.tx.us)

### **Background**

The reimbursement rates proposed reflect applicable reductions directed by the 2012-2013 General Appropriations Act, H.B. 1, 82<sup>nd</sup> Legislature, Regular Session. Detailed information related to specifics of the reductions can be found on the Medicaid fee schedules.

### **Methodology**

The payment rates were calculated in accordance with 1 TAC §355.8061, which addresses the reimbursement methodology for Emergency Renal Dialysis treatment in an Outpatient Hospital, and subsequently adjusted in accordance with 1 TAC §355.201(d) regarding Establishment and Adjustment of Reimbursement Rates by HHSC.

## **Proposed Rates**

Proposed payment rates are listed below.

Procedure	Code Long Description	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
G0257	Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility	0-999	Not a Benefit	\$ 477.43